

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

**Attorney Docket Number**      P06471US0

**First Named Inventor**      H.C. Petersen

**COMPLETE IF KNOWN**

**Application Number**

**Filing Date**

**Art Unit**

**Examiner Name**

**As the below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TRANSITION VALVING BY MEANS OF NON-RETURN VALVES

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)      as United States Application Number or PCT International

Application Number      and was amended on (MM/DD/YYYY)      (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☐ Customer Number or Bar Code Label  OR ☒ Correspondence address below

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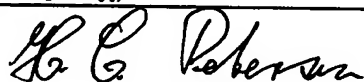
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name H. C.  
(first and middle [if any])Family Name PETERSEN  
or SurnameInventor's  
Signature

Date 2002-08-16

Nordborg  
Residence: CityDenmark  
StateDenmark  
CountryDenmark  
Citizenship

Mailing Address Spangsmosevej 14

Nordborg  
CityDenmark  
StateDK-6430  
ZIPDenmark  
Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name JORGEN  
(first and middle [if any])Family Name PEDERSEN  
or SurnameInventor's  
Signature

Date 20020916

Nordborg  
Residence: CityDenmark  
StateDenmark  
CountryDenmark  
Citizenship

Mailing Address Harevaenget 2

Nordborg  
CityIA  
StateDK-6430  
ZIPDenmark  
Country☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)  
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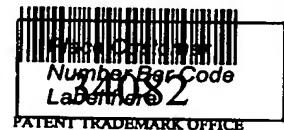
## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	H.C. Petersen, et al.
Title	TRANSITION VALVING BY MEANS
Group Art Unit	
Examiner Name	
Attorney Docket Number	PO6471US0

I hereby appoint:

☒ Practitioners at Customer Number

☒ Practitioner(s) named below:



Name	Registration Number
DONALD H. ZARLEY	18,543
TIMOTHY J. ZARLEY	45,253
JAMES J. LYNCH	50,153

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input checked="" type="checkbox"/> Firm or Individual Name	ZARLEY LAW FIRM, P.L.C.				
Address	CAPITAL SQUARE				
Address	400 LOCUST, SUITE 200				
City	DES MOINES	State	IA	Zip	50309-2350
Country	US				
Telephone	515-558-0200	Fax	515-558-7790		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	JORGEN PEDERSEN
Signature	<i>Jorgen Pedersen</i>
Date	20020916

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ Total of 2 forms are submitted.

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First Named Inventor	H.C. Petersen, et al.
Title	TRANSITION VALVING BY MEANS...
Group Art Unit	
Examiner Name	
Attorney Docket Number	P06471USO

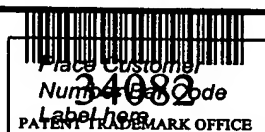
I hereby appoint:

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DONALD H. ZARLEY	18,543
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### SIGNATURE of Applicant or Assignee of Record

Name	H.C. PETERSEN
Signature	<i>H.C. Petersen</i>
Date	2002-09-16

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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